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PTO/SB/05 (08-00)

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

	to a consensured miletimation	in unless it displays a valid OMB control	number
Attori	ney Docket No.	. 02486.0072.NPUS01	)
First	Inventor	Cynthia B. Robinson	PT
Title	DEHYDROEPIANDROS METHYLXANTHINE DE	TYDROEPIANDROSTERONE OR TERONE-SULFATE WITH A RIVATIVE FOR TREATMENT OF OBSTRUCTIVE PULMONARY	15 U.S

APPLICATION E	EMENTS			4000	F00 T0	Cor	nmissioner for Patents			
See MPEP Chapter 600 concerning utility patent application contents.				AUUR	ADDRESS TO: Mail Stop: Patent Application Alexandria, VA 22313-1450					
1.  Fee Transmittal Form (PTO/SB/17)					<ul> <li>7. □ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</li> <li>8. □ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</li> <li>a. □ Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:</li> </ul>					
-Cross reference -Statement Rega -Reference to sec or a computer p -Background of th -Brief Summary of -Detailed Descrip	to Related App rding Fed Spon quence listing, a rogram listing a ne Invention of the Invention	sored R & D			ii. □ pape tatements veri	er fying identity	R (2 copies); or of above copies			
-Claim(s) -Abstract of the E				AC	COMPANY	YING APP	PLICATION PARTS			
4.  Orawing(s) (35 L  5.  Oath or Declarat a.  Newly exect b.  Copy from   (for continu i.  DELE   Signed   named   1.63(d)() 6.  Application Data  17. If a CONTINUING AP   Data Sheet under 37 CFR   Continuation   For CONTINUATION OR   Box 5b, is considered a	J.S.C. 113) [T cuted (original of a prior applicat ational divisional file). Sheet. See 37  PLICATION, chart. The cuted of the prior application of the prior application. Sheet. See 37  PLICATION, chart. See 37  PLICATION, chart. See 37  PLICATION, chart. See 37	ion (37 CFR 1.63 (d)) al with Box 17 completed) ENTOR(S) thed deleting inventor(s) dication, see 37 CFR  CFR 1.76  CFR 1.76  Continuation-in-paraminer  PPS only: The entire displaceure of the parameter	t (CIP)  Group I Art I	0.	CFR 3.73(b): then there is a glish Translati ormation disclatement (IDS) eliminary Ame tuning Ame t	Statement [ n assignee) ion Documen osure //PTO-1449 ndment Postcard (MP iffically itemiz Priority Docu is claimed) or \$385.00  In a prelimin	ed) ument(s) hary amendment, or in an Application h or declaration is supplied under			
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  18. CORRESPONDENCE ADDRESS										
Customer Number o	r Bar Code Lab					or 🗌 Cor	respondence address below			
Name	Howrey Si	mon Arnold & White,	LLP							
Address	301 Ravens Box 34	swood Avenue								
City	Menlo Park	(	State	CA		Zip Code	94025			
Country	USA	Telepho	ne	(650) 463 8	109	Fax				
NAME (Print/Type) Albert P. Halluin/Robin C. Chiang					Registrati	ion Nos.	25,227/46,619			
Signature		Aller	M. He	ll -		Date	October 29, 2003			

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## FEE TRANSMITTAL For FY 2003

Patent fees are subject to annual revision.

Complete if Known				
Application Number	Not Yet Assigned			
Filing Date	October 29, 2003			
First Named Inventor	Cynthia B. Robinson			
Examiner Name	Not Yet Assigned			
Group Art Unit	Not Yet Assigned			
Attorney Docket No.	02486 0072 NPUS04			

TOTAL AMOUNT OF PAYMENT

(\$)385.00

METHOD OF PAYMENT	FFF CALCULA				CILL ATION (continued)	
The Commissioner is hereby authorized to charge indicated fees and credit any overnaments to:	FEE CALCULATION (continued)  3. ADDITIONAL FEES					
Deposit Acct. No. 08-3038	Large	Entity	Small	Entity		
	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Deposit Account Howrey Simon Arnold & White, LLP	105	130	205	65	Surcharge – late filing fee or oath	
Name	127	50	227	25	Surcharge – late provisional filing fee or cover sheet	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	139	130	139	130	Non-English specification	
Applicant claims small entity status.	147	2,520	147	2,520	For filling a request for ex parte reexamination	
See 37 CFR 1.27	112	920*	112	920*	Requesting publication of SIR prior to Examiner action —	
2. ⊠ Payment Enclosed: ⊠ Check □ Credit card □ Money □ Other	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
Order	115	110	215	55	Extension for reply within first month	
FEE CALCULATION	116	420	216	210	Extension for reply within second month	
1. BASIC FILING FEE	117	950	217	475	Extension for reply within third month	
Large Entity Small Entity Fee Fee Fee Fee Fee Description	118	1,480	218	740	Extension for reply within fourth month	_
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	128	2,010	228	1,005	Extension for reply within fifth month	_
101 770 201 385 Utility filing fee 385	119	330	219	165	Notice of Appeal	
106 · 340 206 170 Design filing fee	120	330	220	165	Filing a brief in support of an appeal	
107 530 207 265 Plant filing fee	121	290	221	145	Request for oral hearing	<u> </u>
108 770 208 385 Reissue filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
114 160 214 80 Provisional filing fee	140	110	240	55	Petition to revive – unavoidable	
	141	1,330	241	665	Petition to revive – unintentional	_
SUBTOTAL (1) (\$)385.00	142	1,330	242	665	Utility issue fee (or reissue)	
2. EXTRA CLAIM FEES	143	480	243	240	Design issue fee	_
Extra Fee from Fee	144	640	244	320	Plant issue fee	_
Total Claims below Paid	122	130	122	130	Petitions to the Commissioner	_
	123	50	123	50	Petitions related to provisional applications	
Independent Claims 1 - 3** = 0 x = 0	126	180	126	180	Submission of Information Disclosure Strnt	_
Multiple Dependent = 0	581	40	581	40	Recording each patent assignment per property (times number of properties)	_
Large Entity Small Entity	146	770	246	385	Filing a submission after final rejection (37 CFR § 1.129(a)	_
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	149	770	249	385	For each additional invention to be examined (37 CFR § 1.129(b)	_
103 18 203 9 Claims in excess of 20	179	770	279		Request for Continued Examination (RCE)	
102 86 202 43 Independent claims in excess of 3	169	900	169	900	Request for expedited examination	_
multiple dependent claim, if not paid					of a design application	_
Over original patent	Other fee (	specify)				
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Keduced	oy Basic Fi	ling Fee Paid		SUBTOTAL (3) (\$)	
SUBTOTAL (2) (\$)0.00						
or number previously paid, if greater; For Reissues, see above						
IBMITTED BY						

SORWILLED BA					
Name (Print/Type)	Albert B. Hellwin/Bekin's G.	Doctor C. N.		Complete (if a	applicable)
Signature	Albert P. Halluin/Robin C. Chiang	Registration No. (Attorney/Agent)	25,227/46,619	Telephone	(650) 463 8109
	Meel. Collin-			Date	October 29. 2003

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